MEETING MINUTES
OFFICE OF THE STATE COORDINATOR FOR HIT STEERING COMMITTEE (HITSC)

DATE: AUGUST 08, 2013
TIME: 13:00 TO 15:00
LOCATION: CROSS BUILDING, ROOM 600
CHAIR: DAWN GALLAGHER
ATTENDEES: SHAUN ALFREDS, SHAWN BOX, PATTI CHUBBUCK, JONATHAN IVES, JOANIE KLAYMAN, DAVID MAXWELL, MARTHA VRANA-BOSSART, RALPH JOHNSON, GORDON SMITH, LISA TUTTLE, MICHELLE PROBERT, RANDY CHENARD, SHERYL PEAVEY, CHRIS MOFFIT, ANNE SITES, JOAN DOLAN, HAZEL STEVENSON, TOM LEET, PHIL LINDLEY, JULIE SHACKLEY, ANN SITES

MEETING OBJECTIVES

Forum to provide status updates regarding statewide project initiatives to the Office of the State Coordinator for HIT. Maine's statewide HIT strategy encompasses the following ideal:

"Preserving and improving the health of Maine people requires a transformed patient centered health system that uses highly secure, integrated electronic health information systems to advance access, safety, quality, and cost efficiency in the care of individual patients and populations."

PROGRAM UPDATES

SIM Grant-Sheryl Peavey

1. Summary of meeting with CMMI – Operations plan has been submitted: web site for more information: SIM GRANT- *work to align metrics between providers/payers-focus is to use same language for health care reform to make it measurable*
2. SIM conference-(Washington, DC)
    - OPS plan- driver diagrams- collated all visions of grants. Kevin Flannigan presented-minimal questions-**ACOs must be aligned**- instructional & informative conference
    - CMS- workforce development HIT focus- **Dawn**- list of participating agencies-outreach & inform of HITSC
3. SIM-next steps:
    - Formulate subcommittee of SIM
    - Review ops plan-has a "go"
    - Milestones-in process- will report back to HITSC
    - Define/refine SIM to sub-committees
    - RFPs-issue
    - Representation from HITSC to SIM

OSC/MU Programs

1. Challenges to make MU Year 2. **Dawn Gallagher:**
    a. *Discussion on why providers may not participate in Year 2: TAKE AWAY- commercial payers which pay more than the penalty to be imposed by Medicare use NCQA- measures. If providers need to choose between the two, due to scarce resources, they will likely choose the commercial payers requirements. This needs to change if government wants MU measures to be reported.*
2. Kennebec Valley Community College HIT Consultants – **Martha Vrana-Bossart** -*34% of 1000 providers State Medicaid MU Stage 1by 205, payments will decrease if EHR does not participate in the HI Exchange- 6 HIT Squad formed, hired as "employee contracts at KVCC" paid under the grant; 2 day on-site training with Patti Chubbuck. Anticipate facilitation of WIZARD process, educate use of exchange, and increase #of providers/practices Stage 1 MU attestation.*
3. MaineCare Meaningful Use Payment & Statistics – **Patti Chubbuck-** *MECare statistics:*
    a. *2049 providers- AIU payment*
    b. *704 providers- MU stage 1*
    c. *36 Hospitals- AIU payment*
    d. *18 hospitals- MU stage 1 (anticipate 6 more by November)*
    e. *$74,777,287 paid to date between Hospitals & Providers*
4. Meaningful Use payment system (OIT)- Cancer registries and HIN- Electronic lab reporting- PH—electronic disease surveillance
    a. Partnership with HIN
    b. 1st lab is "live" (Nordex)
    c. 2nd lab is "test" (ALI)
    d. Plan to have 6 other clinical labs (hospital) by May 2014
    e. Connect Mayo LabCore & "Quest" coming on board
5. CDC related activities- Immunization, registries, ELR- **Shawn Box-**
    a. Stage 1 attestation- HTPS
    b. Stateside prep for Stage 2- live production MU- ongoing basis
        i. Immunization management (IM) through CDC
    c. State of ME- IMPACT- in most offices before MU- which automates many processes

ONC-

1. Updates on ONC initiatives at Federal Level –**Hunt Blair-** not present, overview by Dawn- *approved funds- EHR/exchange and connectivity*
    a. *Has to be certified EHR- currently funding the HIT Squad*
    b. *Supporting HIN, health home, SIM*
2. CMS & ONC report on RFI comments issued this week – **Michelle Probert**-*CMS*
    a. List of core health home measures include some from clinical record
        i. Need to be connected to HIE to ease reporting
    b. **Lisa Tuttle-** need to continue to collect demographic information

HIN-

1. Latest use statistics/graphs & dashboard/goals for increased use: **Shaun Alfreds-**
    a. 35 hospitals connected- by end of year all should be on board with HIN
    b. 15 FQHCs on board
    c. 400 CMS practices

d. 1,235,022-unique identifiers
    i. 118,000 out of state
e. 13,000 opt out
    i. Opt in-HIV & BH at point of care
f. List of users provided by hospital
    i. User then logs in- out of 8000 accounts created
        1. 2000 activated accounts (25%)
            a. 500 people access about 2000 pts. per week
                i. In process of providing statistics to hospitals regarding users actual usage

2. Usage of "Direct"- **Shaun Alfreds-** ONC- standardized SMS-email= closed email systems i.e.: Sure Scripts. HIPAA compliant to share PHI between authorized providers.

Health Homes

1. Jan 2013- 75 practices- MaineCare- increased to 84 practices- not part of multi-payer pilot.
    a. Intensive care of chronic illness (multiple)
    b. 55,000 members enrolled in health homes
    c. Stage B- behavioral health
        i. Adults with mental health issues
        ii. Pediatrics- serious mental health issues

IHOC-

1. Joanie Klayman/Jonathan Ives- John is the HIT PM- IHOC quality demonstrated in grant/report back to FEDS before mandate- 3 possibilities:
    a. Shawn Box – CDC-
        i. Change requests
            1. Enable providers to calculate measure in environment
                a. First Step
                    i. Quality counts
    b. IMPACT- pull information out- use another environment for data analytics
        i. MECare- Muskie/K McGuire- continuous enrollment
    c. HIN- measure calculated from data from EHR- based on data in HIE
        i. Aggregate only
            1. Reported to state

FCC grants/Connect ME authority

1. **David Maxwell**
    a. Three proposals under consideration
        i. UNE- fall prevention program in place
        ii. OSC
        iii. Broadband providers
    b. 50Million Health Connect Fund
        i. Non-profit
        ii. Long- term care
        iii. Post-acute care- standardized EHR template (new or interface if not new)- Direct messaging component

iv. Eastern Washington county
    1. Rural population- decreased health care facilities
    2. Emergency management systems
        a. TV whitespace – pull up EHR- via radio, transmit information
v. Advance Telehealth- clinical sense- use video- esp. behavioral health- VA system

RISK MANAGEMENT

- Competing measures CMS, PCMH, NCQ for EHR utilization and standards for HIT/MU- - commercial payers more attractive to providers that CMS incentive payment-*Need to implement strategies- look at the resources and do a cost/benefit analysis*